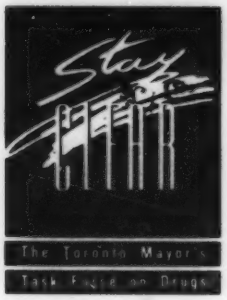
Report of
The St. James Town Anti-Drug Community Support Pilot Project

September 1991

prepared for The Mayor's Task Force on Drugs

by

Dr. Jim Ward



277 Victoria Street
Toronto, Ontario M5B 1W1
Marilyn Bowers, M.Sc.N.
Co-ordinator
Telephone: (416) 392-0394
Fax: (416) 392-0635

92-06634/

The Toronto Mayor's Task Force on Drugs
277 Victoria Street
Toronto, Ontario. M5B 1W1

Believe in yourself.
Be drug free.

July 22, 1991

Mayor Art Eggleton
Chairperson
The Mayor's Task Force on Drugs
2nd Floor, City Hall
Toronto, Ontario M5H 2N2

Dear Mayor Eggleton:

The Management Committee has reviewed and submits for approval the final report of the St. James Town Anti-Drug Community Support Pilot Project prepared by the consultant to the project, Dr. Jim Ward. The project was designed by members of the Task Force in the belief that communities faced with drug problems will be able to decrease those problems if they are given assistance with coordinating existing community resources and with identifying and finding needed new resources.

The project proposal and budget were approved by City Council and Dr. Jim Ward was hired as a consultant to coordinate the project from June 1990 to June 1991. Using a community development approach, Dr. Ward was able to assess the community needs, organize the many existing resources of the community and provide new resources.

We have prepared recommendations based on the findings in the report and submit them for approval by the members of the Mayor's Task Force on Drugs along with the final report.

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We would like to take this opportunity to thank the members of the Mayor's Task Force on Drugs and City Council for the opportunity to be involved with what we believe to be a most worthwhile pilot project.

We would also like to thank Dr. Jim Ward for his excellent work on the project. His expertise and diligence made our work much easier.

Yours truly,

Grant Lowery
Co-Chairperson
YMCA of Metropolitan Toronto
of Public Health

Marja-Liisa Konttinen
Co-Chairperson
Metropolitan Toronto Housing
Authority

Marcia Moss for
Dr. Richard Gould
City of Toronto, Department
of Public Health

Ken Jeffers
City of Toronto, Department of
Parks & Recreation

Lydia Fitchko
Metropolitan Toronto Community
Services

Members of the Toronto Mayor's Task Force on Drugs

Mayor Arthur C. Eggleton
City of Toronto

Councillor Tom Clifford
City of Toronto

Councillor Betty Disero
City of Toronto

Councillor Chris Korwin-Kuczynski
City of Toronto

Councillor Tony O'Donohue
City of Toronto

Councillor Rob Maxwell
City of Toronto

Councillor Martin Silva
City of Toronto

Staff Inspector Keith Cowling
Metropolitan Toronto Police Force

Chairperson Susan Eng
Metropolitan Toronto Board of Commissioners of Police

Mr. Sal Merenda
Ministry of the Attorney General

Chairperson Jean Augustine
Metropolitan Toronto Housing Authority

Ms. Maria-Liisa Konttinen
Metropolitan Toronto Housing Authority

Ms. Gloria Torrance
Toronto Board of Education

Trustee Dorothy Ottaway
Toronto Board of Education

Trustee Alison Pearce
Toronto Board of Education

Ms. Violet Marin
Metropolitan Separate School Board

Mr. Victor Angelosante
Metropolitan Separate School Board

Ms. Donna Marafioti
Provincial Anti-Drug Secretariat

Ms. Tammy Sturge
Alliance for a Drug-Free Canada

Dr. David Korn
The Donwood Institute

Ms. Andrea Stevens-Lavigne
Addiction Research Foundation

Mr. Stan Newman
YMCA of Metropolitan Toronto

Mr. Paul Godfrey
Toronto Sun

Mr. Sam Sniderman
Sam the Record Man

Ms. Miria Ioannou
Frontier College

Ms. Lydia Fitchko
Metropolitan Toronto Task Force on Drugs

Mr. Chris Masson
City of Toronto, Cityhome

Mr. Ken Jeffers
City of Toronto, Department of Parks and Recreation

Dr. Rita Shahin
City of Toronto, Department of Public Health

Mr. Fred Ruf
City of Toronto, Department of Public Health

Ms. Marilyn Bowers
Toronto Mayor's Task Force on Drugs

Mr. Peter Donolo
City of Toronto, Office of the Mayor

RECOMMENDATIONS TO CITY COUNCIL

1. That City Council request the Medical Officer of Health and the Commissioner of Parks and Recreation to give consideration to increasing support and resources for community development work aimed at decreasing drug problems adopting the five step process of the St. James Town Project i.e. (i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group; (iv) sharing needs assessment study results; (v) basing concrete initiatives on the needs assessment study findings.

2. That City Council request the Chairman of Metropolitan Toronto, the Minister of Health, the Minister Responsible for the Anti-Drug Strategy and the Minister of Community and Social Services to give consideration to increased support and resources for community development work aimed at decreasing drug problems using the St. James Town Project model.

RECOMMENDATIONS TO THE MAYOR'S TASK FORCE ON DRUGS

1. That the Mayor's Task Force on Drugs send a copy of the St. James Town Report to community groups working on drug issues in Toronto, encouraging them to use the five step process outlined in the report i.e. (i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group; (iv) sharing needs assessment study results; (v) basing concrete initiatives on the needs assessment study findings.

2. That the members of the Mayor's Task Force on Drugs ensure that copies of the report are distributed widely to the groups they represent and recommend that anti-drug community development activities be increased using the St. James Town Project model.

3. That the Drug Legislation and Policy Enforcement Committee, in consultation with the Chief of Police, consider the implications of the three dimensional aspect of highrise communities for community policing and report to the Task Force with recommendations for appropriate approaches, including the feasibility of legislating changes if deemed appropriate.

4. That the Mayor's Task Force on Drugs continue to advocate and work with City Departments and other agencies in providing opportunities such as workshops, seminars and community meetings for discussions of the "problem of drug problems" so that an overall well-grounded approach to drug-related issues in Toronto can be developed and supported.

5. That the Community Organization Forum and the High Risk Youth Committee explore methods for including the input and expertise of drug users and/or traffickers into the process of developing workable solutions. This could be achieved by investigating existing programs in other cities to see what might be feasible in the Toronto setting. One example that should be investigated is the Baltimore Dealers' Club.

6. That the Mayor's Task Force on Drugs urge the Second Mile Club and the Home Support Program of Central Neighbourhood House to extend their 'seniors check' so that a high proportion of seniors is included.

RECOMMENDATIONS TO OTHER COMMUNITIES WORKING ON DRUG PROBLEMS

1. That community groups, in recognition of the sociodemographic, ethnic and cultural differences in people, PEOPLE about drugs and related problems.

2. That each community recognize differences in terms of people and physical configurations and adopt the five step process used in the St. James Town project i.e. (i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group; (iv) sharing needs assessment study results; (v) basing concrete initiatives on the needs assessment study findings.

3. That each community encourage community groups to spend substantial 'up front time' and effort in identifying the drug-related problems in their particular communities.

4. That each community encourage community groups to take a 'wider view' of drug-related problems, starting with the immediate concerns with security and safety and working out from there, so that the solutions developed go beyond control approaches to such activities as remedial education, outings for young people, development of job training and employment opportunities, etc.

5. That community groups who wish to invite guest speakers, performers, etc. into their communities to deliver anti-drug messages to consult widely with the intended audience of the message to ensure that the risk of mismatch is reduced.

6. That community groups explore and develop methods for incorporating the input and expertise of drug users and/or traffickers into the process of developing workable solutions. A beginning should be made by investigating existing programs in other cities to see what might be feasible in the Toronto setting. One example that should be investigated is the Baltimore Dealers' Club.

JIM WARD ASSOCIATES

FINAL REPORT ON
THE ST. JAMES TOWN ANTI-DRUG
COMMUNITY PILOT PROJECT

Sponsored by:

TORONTO MAYOR'S TASK FORCE ON DRUGS

June, 1991

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EXECUTIVE SUMMARY

(i) Background

The St. James Town Anti-Drug Community Pilot Project is an initiative of the Toronto Mayor's Task Force on Drugs. The Project was conceived as a community-based response to a growing concern with drug-related problems in Toronto neighbourhoods. St. James Town was selected as the site for the Pilot Project after examining 14 potential sites in the City of Toronto. The major reasons for the selection of St. James Town were: (i) it is an easily defined community geographically; (ii) there is a mix of publicly and privately owned housing; (iii) it is a site with an identified drug problem.

The approach used was to hire a community consultant to work on building community-based responses to drug-related problems in St. James Town, for a one year period.

The consultant worked closely with a Management Committee throughout the year. The Management Committee comprised the Coordinator of the Toronto Mayor's Task Force, and representatives from the Department of Public Health, the Department of Parks and Recreation, the YMCA, Metro Community Services, and Metropolitan Toronto Housing Authority.

The consultant began work on the Project in June 1990 and completed work in June 1991. The approach used incorporated five steps, namely:(i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group;(iv) sharing the needs assessment study results;(v) basing concrete initiatives on the needs assessment study findings.

(ii) Major Findings

- The five step approach (outlined above) to community-based anti-drug initiatives is effective.

- St. James Town is a densely populated, ethnically diverse community with a wide range of social and economic needs and a wide range of human resources that can be built on.

- The highrise nature of St. James Town means that specific kinds of approaches have to be taken to deal with drug-related issues. Hallways, stairwells and building lobbies form an important component of the community's public and semi-public space.

- The three major 'at risk' groups identified by community representatives - in terms of drug-related problems - in St. James Town are young adolescents, mothers and the elderly. Approaches that target these three populations can be and have been effective.

- A broadly based community group can be and has been built with a focus on drug-related issues, when the five step process is used.

- Drug-related issues can be most effectively dealt with when seen in the broader community context of social, economic, health and life style concerns.

- Community-based approaches in other cities can be of direct relevance to the Toronto situation. (This is indicated by a literature review and direct contacts with programs in Baltimore, Maryland.)

- There are opportunities to involve drug users and/or dealers in the community-based process, but this takes considerable time.

- One year community development projects may not be long enough to ensure continuity once the community development worker leaves the project. It is essential to put structures in place that will ensure continuity after the withdrawal of the community development worker. These structures may include the support of City agencies, community agencies, local churches and ongoing funding.

(iii) Suggested Future Directions

The suggestion to the Management Committee for future directions, based on the experience of the one year project, are as follows:-

1. That the community development approach used in the St. James Town Project and outlined in this and the three previous quarterly reports be recommended to other communities concerned about drugs and related problems.

2. That the City of Toronto Departments of Public Health and Parks and Recreation reorganize their priorities so that existing community development resources are fully utilized in community development work.

3. Recognizing that each community is different in terms of its people and physical configurations, community groups wishing to deal with drug-related problems should be encouraged to adopt the five step process used in the St. James Town Project - i.e. (i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group;(iv) sharing needs assessment study results; (v) basing concrete initiatives on the needs assessment study findings.

4. Encourage community groups to spend substantial 'up front' time and effort in identifying the drug-related problems in their particular communities.

5. Encourage community groups to take a 'wider view' of drug-related problems, starting with the immediate concerns with security and safety and working out from there, so that the solutions developed go beyond control approaches to such activities as remedial education, outings for young people, development of job training and employment opportunities, etc.

6. Specifically recognize that highrise communities are 'three dimensional' so that public and semi-public space is very different to that in low-rise (two dimensional) communities. In the former, public and semi-public space includes miles of hallways, stairwells and acres of lobby space. In the latter, such space primarily comprises streets and parks. This has important implications for community policing. If it is to be successful in three dimensional communities, there has to be an accepted 'casual' presence of police in hallways, stairwells and lobbies, just 'walking through', as they would in two dimensional communities. (Obviously there are certain legal complications here regarding access, etc. However, these complications should not prevent a genuine search for appropriate approaches to three dimensional communities.)

7. Encourage community groups who wish to invite into their communities guest speakers, performers, etc. to deliver anti-drug messages to consult widely with the intended audience of the message to ensure that the risk of mismatch is reduced. (See 6.6.3)

8. Provide opportunities at such workshops, seminars and community meetings for frank discussions of the 'problem of drug problems' so that intelligent discussion can take place and an overall, well-grounded approach to drug-related issues can be developed and supported.

9. Develop methods for incorporating the input and expertise of drug users and/or traffickers into the process of developing workable solutions. A beginning should be made by investigating existing programs in other cities to see what might be feasible in the Toronto setting. One example that should be investigated is the Baltimore Dealers' Club (See Section 2.11.1 above).

10. Support locally based, low key, informal, non-institutional, approachable drug treatment initiatives.

11. Encourage social, health and recreational agencies in the St. James Town area - particularly Second Mile Club and the Home Support Program of Central Neighbourhood House - to extend their 'seniors check' service so that a high proportion of seniors are included.

THE REPORT

1. INTRODUCTION

This is the final report on the St. James Town Anti-Drug Community Support Pilot Project. There have been three previous quarterly reports on the project, dated August 1990, November 1990 and March 1991. Copies of these reports are available either through Marilyn Bowers, Coordinator of the Toronto Mayor's Task Force on Drugs, or Jim Ward, consultant to the St. James Town Project.

The previous three reports document the beginning, the early development and the development of an action agenda for the St. James Town Project. This report comprises:-

- an overview of the project, the approaches used;
- a description of ways in which the experience was shared with a wider audience;
- a description of consolidation of the community group and continuation of the project;
- a discussion on the problem of drug problems and the effects on community-based approaches;
- an evaluation - what worked and what didn't, lessons for other projects;
- recommendations.

2. OVERVIEW - THE APPROACHES USED

Although the approaches used are detailed in the previous three quarterly reports, it is useful to restate them briefly here so that this document can stand alone as a record of the project. They were:-

- developing a project plan;
- selecting the pilot project neighbourhood;
- getting to know the selected community;
- conducting a community needs assessment;
- a literature review of community drug control approaches that have worked;
- building the community group;
- conducting a local business survey;
- visiting community-based drug prevention programs elsewhere;
- developing an action agenda;
- working with ethnocultural communities;
- making connections with users/traffickers

2.1 Developing the Project Plan

The Project Plan was developed in close consultation with the Anti-Drug Community Support Pilot Project Management Committee. The Management Committee is a subcommittee of the Toronto Mayor's Task Force on Drugs and comprises representatives of the Voluntary Sector (YMCA), Metro Community Services, City of Toronto Departments of Parks and Recreation, and Public Health and the Metropolitan Toronto Housing Authority. The Project Plan follows the structure of the Terms of Reference dated March 1, 1990. The most relevant aspects of the Terms of Reference for the Project Plan are the objectives and the research questions. These objectives and research questions are used as the evaluation framework in Section 6 below.

Four phases

It was agreed that the one year project would incorporate four phases. The first phase would involve: developing the plan; selecting the site; getting to know the community; assessing community needs; examining community drug control approaches; building the community group. The second phase would involve: ongoing community group building; maintaining a high profile in the community; setting objectives and developing the plan.

The third phase would involve: the development of an action agenda. The fourth phase would involve: informing the wider community; consolidation of the community group; evaluating the project.

2.2 Selecting the Pilot Project Neighbourhood

Newspaper accounts, police records and levels of expressed community concern were used to identify 14 neighbourhoods in the City of Toronto where drug-related problems were a major concern. The consultant and the Project Management Committee utilized seven 'site selection criteria' to narrow down the field of choices. These criteria were:-

- It is a site with an identified drug problem.
- The site is a well-defined geographic area.
- Residents indicate they want the project.
- There is good cooperation among residents of the area.
- The residents' goal is to take ownership of the project.
- There is a supportive network of social agencies in the neighbourhood that is already working on drug issues.
- There is a mix of publicly owned and privately owned housing.

After some deliberation the Management Committee and consultant narrowed the search down to three possible sites. Interviews with key players in each of the three locations were carried out and St. James Town was chosen as the location for the project.

2.3 Getting to Know the Selected Community

During the summer of 1990 the consultant spent considerable time in the St. James Town community walking the area and its buildings to become familiar with the site; sitting and chatting in local doughnut shops and restaurants; attending local community meetings; meeting with people who work and/or live in St. James Town and others familiar with the community. In this way the consultant got a 'feel for the community' both in terms of its people and its physical characteristics.

Other approaches to getting to know the community included: attending community meetings on a range of issues such as community policing, interagency information exchanges, and specific problem meetings; becoming familiar with key initiatives in the area such as the Vertical Watch Program at 200 Wellesley Street East, the Cabbagetown Youth Centre, Cabbagetown Community Arts Centre, the St. James Town Medical Health Centre, and the Metropolitan Toronto Housing Authority's Recreation Program; reviewing relevant studies of the area; reviewing available census data on the area. This work helped in developing a comprehensive description of the community that is basic as a take-off point

in doing community work.
The major points in that description are:-

- St. James Town is a densely populated community with a population of over 12,000 people in 18 highrise buildings, set in 0.21 kilometres of open park land. (The level of density is almost ten times that of the City of Toronto as a whole.)

- It is an area of rapid population increase. From 1981 to 1985 the rate of increase was almost four times as high as the Toronto average.

- There is a large proportion of single parent families.

- Families are relatively small.

- There is a high incidence of low income families.

- St. James Town residents are relatively mobile.

- There is considerable ethnic diversity. The area is used by many as a 'first stop' when arriving in Canada. There are many in St. James Town with refugee status.

- Building lobbies, hall ways, stairwells, laundries and elevators are important public space areas within buildings. Some of the external spaces close to building lobbies and along pedestrian walkways also act as important public space areas where people gather - particularly in mild weather.

- Virtually all residents of St. James Town are renters.

- Buildings are owned by three property owners - MTHA (four buildings), Belmont (six buildings), St. James Town Management Corporation (eight buildings).

- The physical quality of the buildings varies from well to poorly maintained.

- There are several ongoing community forums in St. James Town that bring out substantial numbers of residents to their meetings. These include: the Police - St. James Town Community Liaison Committee; the St. James Town Community Facility Work Group; the St. James Town Tenants' Association; the Bleecker Street Security Committee. An interagency group, the St. James Town Interagency Network also meets on a regular basis.

- There are several important local initiatives that are relevant to working with drug-related issues. These include Vertical Watch at 200 Wellesley Street East, the Wellesley Hospital's St. James Town Community Medical Centre - which has a small-scale cocaine-addiction treatment program - the Cabbagetown Youth Centre and MTHA recreation programs.

2.4 Conducting a Community Needs Assessment

In the summer of 1990 the consultant carried out a needs assessment. This was based on structured interviews with 40 key people in the area and focus group discussions. The interviewees included personnel from social and recreational agencies working in St. James Town, residents, property managers, local politicians, health care personnel and police. Focus groups were held with cleaning and maintenance workers in the employ of each of the three property managers in St. James Town. (These focus groups were held because the cleaning and maintenance workers were seen to be 'the eyes of the buildings'.)

Conclusions that came out of the needs assessment study were as follows:-

- St. James Town is perceived as a high density, ethnically diverse and centrally located highrise community.

- The physical structure of the community means that many of its 'public spaces' are indoors - e.g. hallways, lobbies, stairwells. This creates special conditions for monitoring drug use and trafficking.

- Much of the housing in St. James Town is perceived as affordable and relatively spacious. Coupled with its central location, this makes St. James Town attractive to people with limited incomes.

- Particularly given the large population, there are very few recreational and social facilities and services within the boundaries of St. James Town. Some feel that this lack of services and facilities is directly related to drug problems.

- Young people, senior citizens and single mothers are the three groups that are seen as the ones with most problems in St. James Town. These are also the three groups that are most 'at risk' in terms of vulnerability to drug-related problems.

- Certain criminal activities such as break-ins and muggings are perceived as being connected to drug-related activities. Violence and fear are also seen as being closely related to drug activities.

- Recreational service/facility improvements together with job-linked services are seen as two areas that would create considerable community improvements for St. James Town residents.

- Although most participants in the study expressed the view that drug-related problems are not as evident in St. James Town as they were two years ago, many continue to find evidence of drug-related activities, particularly in indoor public spaces such as stairwells. There is a perception that the majority of participants in such activities in St. James Town are not St. James Town residents. Glue sniffing is seen by several respondents as a major drug using activity in St. James Town.

- Suggested solutions are:-
  - Work closely with those most affected to develop programs most relevant to their needs.
  - Work to develop solutions to the wider issues and these will bring results in the drug area.
  - Develop better anti-drug education approaches.
  - Create support programs for those most at risk.
  - Develop locally based treatment programs.
  - Develop more effective control measures.

The findings of the needs assessment were utilized to recruit community people to the project. This is discussed further under 2.7 below.

2.5 Conducting A Local Business Survey

Although some selected local business proprietors were included in the needs assessment, it was felt that a more comprehensive study of their attitudes and perceptions regarding illicit drug use in St. James Town was required.

Proprietors of 22 of the St. James Town-located small businesses were interviewed. Most of those interviewed expressed no concern or very little concern when asked what they felt about drug-related activities in St. James Town. There were some exceptions. One proprietor of a convenience store on Wellesley Street East has some problems with inebriated or drugged people coming into his store. Others along Wellesley Street complained about drunks coming into their stores. The manager of one of the supermarkets expressed the view that many of his customers are 'druggies or alkies'. The proprietor of a small cafe had some concerns about young people using drugs and hanging around his premises.

2.6 A Literature Review of Community Drug Control Approaches that Have Worked

In order to get a comparative sense of the kinds of community-based approaches to drug-related problems, a literature review was carried out. Synopses of materials read can be found in the first and second quarterly reports. Items read, and worth reading by those who wish to carry out community-based drug prevention work, are:-

Alexander, Bruce K. (1990) Peaceful Measures: Canada's Way Out of the War on Drugs Toronto: University of Toronto Press

Bakalar, James B. and Grinspoon, Lester (1984) Drug Control in a Free Society Cambridge: Cambridge University Press

Billings, Peter (1979) 'Can Schools Reduce the Risk of Drug Abuse?' New Education 1:2; 73-78

Cohen, Stuart K. (1982) 'Helping parents to become the "potent force" in combating and preventing the drug problem' Journal of Drug Education 12:2; 341-44

Gary, Lawrence E. (1984) 'Some determinants of attitudes toward substance use in an urban ethnic community' Psychological Reports 54:2; 539-45.

Holzman, Lois and Rivera, Mary (1988) 'Stop Abusive Behavior Syndrome: Developing a Community Response' Paper presented at American Psychological Association Convention, Atlanta

Johnson, C.A. et al (1985) Comprehensive Community Programs for Drug Abuse Prevention Journal of Children in Contemporary Society 18: 1-2; 181-99.

Key, Addie J. (1989) Preventing Alcohol/Drug Problems in Inner-City Communities: A Model Baltimore: Office for Substance Abuse Prevention

Leatt, Desmond, J. (1987) 'Schools Against Drugs: The Impact Program at Newberg School District' Oregon School Study Council Bulletin 30:5

MacGregror, Susanne (1989) Drugs and British Society London: RKP

Malarek, Victor (1989) Merchants of Misery: Inside Canada's Illegal Drug Scene Toronto: Macmillan

Mitchell, Chester Nelson (1990) The Drug Solution Ottawa: Carleton University Press

Ogborne, Alan C. et al (1990) 'Monitoring and Evaluating Community Action Projects: A Case Study' The Canadian Journal of Program Evaluation 5:1; 17-25

Pentz, Mary Ann et al (1989) 'A multicommunity trial for primary prevention of adolescent drug abuse' The Journal of the American Medical Association 261:22; 3259-3268

Quimby, Ernest (1989) 'Policy Research Implications of Caribbean Drug Dealing' Unpublished paper given at 1989 meeting of Rural Sociology Association, Seattle, Washington.

Sourindhrin, I. & Baird, J.A. 'Management of Solvent Abuse: A Glasgow Community Approach' British Journal of Addiction 79:2; 227-32.

Tomasic, Roman (1977) Drugs, Alcohol and Community Control Sydney: Law Foundation

Wisotsky, Steven (1990) Beyond the War on Drugs: Overcoming a Failed Public Policy

Several recent OSAP (Office for Substance Abuse Prevention, Md. U.S.A) publications were also acquired during the study. These too are relevant to drug prevention work in community settings. The publications acquired were:-

Stopping Alcohol and Other Drug Use Before it Starts: The Future of Prevention (1989)

Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents (1989)

Prevention Research Findings 1988 (1990)

Research, Action, and the Community: Experiences in the Prevention of Alcohol and Other Drug Problems (1990)

Communicating about Alcohol and Other Drugs: Strategies for Reaching Populations at High Risk (1990)

Youth and Drugs: Society's Mixed Messages (1990)

Ecology of Alcohol and Other Drug Use: Helping Black High-Risk Youth (1990)

A reading of these materials will not only help in the development of concrete ways to facilitate community-based drug prevention projects it will also help towards an understanding of the wider issues related to illicit drugs. Again, those interested in an overview of these materials are referred to the synopses in the first and second quarterly reports.

2.7 Building the Community Group

During the early days of the project a contact list of key people was developed using a 'snowball' technique - i.e. in talking to one community person you ask if they know of others, and so on. The list was built up to include local agency personnel, residents, local politicians, police officers, experts in the area of drugs, local school staff members, local business people, church people, people from the major ethnic groups in the area. Forty of these people had been interviewed during the needs assessment study. In effect the needs assessment interview served both the purpose of assessing needs and recruiting for the community group. About half of this group were invited to attend the first meeting of the St. James Town Community Anti-Drug Group in September 1990.

At this first meeting, attended by 21 community people, the findings of the needs assessment were summarized as follows:-
(All participants in the meeting had received a copy of the needs assessment report prior to the meeting.)

- The three groups most 'at risk' in terms of drug-related activities are - **young people, single mothers and the elderly**. The young are at risk as potential users, traffickers, etc; single mothers are at risk because they can be vulnerable to becoming involved in drug-related activities; the elderly are at risk because they are frequently afraid of the violent and criminal activities that are perceived to take place around drug use and drug dealing - e.g. robberies, muggings, purse snatching, etc.

- The most effective ways of dealing with drug-related issues may be to work to develop solutions to wider issues - e.g. the need to get rewarding work; the need to have opportunities for social activities and group building; the need for opportunities to develop physical and mental challenges in life - e.g. through recreation, education, training, etc.

- It is necessary to develop more relevant and effective educational approaches - approaches the young people can identify with. There was some suggestion of tying the drug issue into wider environmental concerns, since young people are very interested in environmental issues.

- Locally based treatment programs are seen by some as being far more preferable than large-scale, distant programs.

- Current approaches to drug control are seen as inadequate by many. More effective programs are likely to have stronger community bases.

Those present at the meeting agreed to become members of the St. James Town Community Group for the Toronto Mayor's Task Force Anti-Drug Community Support Project and that the focus of their efforts would be to develop approaches that worked to alleviate the problem for the three identified at-risk groups.

By the October meeting of the group, working subcommittees were forming to work towards developing initiatives that improved life for the three at-risk groups. Three subcommittees were formed: one to work on youth issues; one to work with single mothers; one to work with the elderly. Initially these subcommittees were formed by members of the Community Group, but soon they became a way for tapping into a wider range of people.

By the November meeting it was reported that residents and agency personnel who were not involved with the large Community Group had become active members of the three working subcommittees. Members of these subcommittees began to carry out consultations with members of the particular at risk groups. Youth Subcommittee members talked to young people on the streets and in the classroom. Elderly Subcommittee members talked to senior citizens in lobbies, recreation rooms, at breaks in bingo games, etc. Single Mothers Subcommittee members talked to mothers wherever they could find them. In later months they carried out a survey of mothers, administered by mothers, and developed an active core group of local mothers.

Also by November plans were being developed for a youth drop-in outreach project, based on the kind of feedback that Youth Subcommittee members were getting from young people.

Thus the process for building the community group had five major components: (i) getting to know the community and its people; (ii) carrying out a needs assessment study; (iii) recruiting a widely-based community group (The group comprised residents, local church people, local agency personnel, business proprietors, property managers, members of ethnoracial minorities.) (iv) sharing the results of the needs assessment study with that group of community people - some of whom had taken part in the study; (v) getting agreement that the findings of the needs assessment study made sense and basing concrete initiatives on those findings.

2.8 The Baltimore Visit

An aspect of the project was to find community-based projects in other cities that may be of practical relevance to community-based projects in Toronto. In carrying out the literature review the consultant had been impressed with a report written by Addie J. Key on community-based projects in Baltimore. The consultant visited Baltimore in late October, 1990 and was taken to visit several neighbourhood projects by Ms. Shirley Stokes, Prevention Analyst with the City of Baltimore's Health Department. In addition, the consultant had the opportunity to meet with Ms. Addie J. Key, the author of the report on community-based projects. The overall impressions gained from the Baltimore visit, particularly in terms of what may be most transferable to the Toronto context were:-

- Successful programs have a large volunteer component.
- Opportunities for remedial education for young people are vital.
- Opportunities need to be created for children of low income families to experience those things middle and upper income children experience - e.g.

the symphony, fancy restaurants, national parks.

- Incentives such as trips out for pizza or to a sports event can be an important method of maintaining young people's interest in a program/activity.

- A sense of pride in community can be built through getting people to understand their own history and culture.

- Didactic approaches using labels such as 'parenting skills' are off-putting and come across as arrogant. Such skills training should be incorporated within recreational, social or practical activities.

- It may be possible to work effectively with dealers through: (a) appeals to self interest - it's not really an enjoyable vocation, it's fraught with danger, etc.; (b) raising awareness of other less destructive vocations and demonstrating that people can be more than their jobs; (c) appealing to a sense of responsibility for the wider community, particularly their own cultural group.

- Churches can be a very important community organizing base.

- Multi-faceted programs work best.

2.8.1 Visit of Addie Key and Colleagues to Toronto

Ms. Addie Key was invited to Toronto in June, 1991. She came, accompanied by Ms. Frances Thomas and Ms. Zenobia McLendon. The Baltimore group met with four different groups of people ((i) professionals and agency people; (ii) church-based people; (iii) people involved in community-based drug prevention projects across Toronto; (iv) members of the St. James Town Community and Resource Association) and shared their experiences on a community-based approach to drug problems in Baltimore. Over 100 people had the opportunity to meet with the Baltimore group and to gain some insights regarding community development approaches to drug-related problems.

Addie Key and her colleagues were invited to speak to groups in Toronto because it was felt that their approach to drug-related issues is a highly appropriate one for community-based programs. The work of Addie Key and her colleagues takes a broadly based approach to drug-related problems, setting them in their social, health and economic context. Their hands-on experience in taking this approach is highly relevant to the Toronto situation.

Many of those who attended the sessions put on by Addie Key and her colleagues intimated to the consultant afterwards that the experience had been very rewarding and practically useful. Most agreed that such visits are useful in helping people to develop effective community-based approaches to the problem through hearing of what has worked elsewhere.

2.9 Developing an Action Agenda

The three working subcommittees became the major vehicles for developing the action agenda. (See 2.7 above) The proposed youth drop-in/outreach program began in December. It began by operating three evenings a week, with one staff person, and expanded to five evenings a week, with two staff people. The program caters primarily to 11 to 15 year olds. Activities include discussion groups, board and table games, involvement in some of the sports activities at the Cabbagetown Youth Centre and educational activities such as sex education workshops. Opportunities to discuss drug-related issues are taken up from time-to-time and life-style/anti-drug videos are sometimes used. Poor literacy skills have been identified as a major problem.

Steve Fever, an anti-drug singer/song writer entertained the drop-in/outreach users one evening in May.

Funding was made available to the program through the St. James Town Anti-Drug Project.

Members of the Subcommittee on the Elderly carried out several discussion sessions with local senior citizens to further identify what seniors felt might be solutions to feelings of isolation, threats to personal safety, etc. The most frequently suggested solutions at these meetings were:-

- A 24-hour crisis centre for seniors in trouble.
- Activities such as bingos, video movies, cards in the same building that a senior lives, because it's too difficult to go from building to building.
- More exercise programs like aquafit.
- A distress centre.
- A local neighbourhood police station.
- A seniors only building.
- Get the dealers out of the buildings.
- Develop a seniors' check service in which seniors are monitored in their apartments to ensure they're all right.
- If seniors become more visible in building lobby areas they may discourage young people from hanging around.

Based on these discussions the Working Subcommittee on the Elderly decided to develop a 'Take Back the Lobbies' initiative, which would involve the holding of regular activities in lobby spaces of the St. James Town highrise buildings. A survey of the 18 highrise buildings in St. James Town indicated that most of them had appropriate lobby spaces for

such activities. (See third quarterly report for details.) A visit by the consultant to a 'Lobby Tea Party' project in an MTHA building at 40 Falstaff Avenue, North York and interviews with several participants in that program, indicated that such activities may be effective in deterring people from carrying out illicit activities in lobby areas. Launching events were held in early June. A bank account was created for the lobbies project and will be administered by members of the Working Subcommittee on the Elderly.

The Subcommittee on Single Mothers initially had considerable difficulty in making connections with single mothers in St. James Town. Eventually a core group of young mothers (some single) was built up. This core group - in conjunction with the Subcommittee - carried out a survey of mothers' needs and concerns and the kinds of programs/activities they would like to see developed. The results of this survey pointed to the need for opportunities for informal socializing opportunities for young mothers. (See third quarterly report for details.) The subcommittee has been working to increase linkages between isolated mothers and existing programs such as those offered by the Department of Public Health (e.g. Community Kitchens, and Ready or Not) and the Department of Parks and Recreation (e.g. Tryfit). The core group of young mothers has negotiated with MTHA for space for a drop in at 275 Bleecker Street. They have formed a group to manage the drop-in and will be opening with programs in September, 1991. They have opened an account in the name of the Mothers' Group and will equip the drop-in space over the summer.

2.10 Working with Ethnocultural Communities

As noted previously, St. James Town is an ethnically diverse community. Two of the major ethnic groups in St. James Town are the Filipino and Tamil communities. Since the beginning of the project work has been carried out with members of these communities, linking them in with the project initiatives. There are several Filipino members of the Community Group and work was carried out with members of the Tamil Resources Centre to assist them in getting funding for a drug prevention program, as well as ongoing work to help the community tie in more closely with other agencies and services in the area.

2.11 Making Connections with Users/Traffickers

Since the outset of the project the consultant has felt it to be important to make connection with users and traffickers, since they do obviously play important roles in the context of community-based approaches to drug prevention. They are key players in the community, so much so that without them people may not perceive there to be any drug-related problems.

This has been a difficult area and only limited contacts have been made, although several attempts were made to set up meeting connections. The contacts made were with a local Narcotics Anonymous group and in a discussion in the Don Jail with a group of young men charged with drug-related offences. The major impressions that came out of these connections were:-

- A lot of human resources are being wasted through incarceration of intelligent and healthy young men who could be more productively using their time than sitting in jail or trafficking/using.

- It is not particularly useful to see the drug-related problems in terms of 'us and them' in the community context because it leads to simplistic solutions - i.e. get rid of 'them' and all will be well.

- To leave the users and traffickers out of the development of solutions is leaving out some of the major players in the whole drama. We need to take the time to ask more 'Why?' and 'What are attractive, legitimate and less destructive alternatives?' types of questions.

- Once into the cycle of drug use/trafficking/the penal system, it's very difficult for an individual to break out. His/her options are somewhat restricted. Often the only way to survive more or less independently is to get back into the drug trade again. Some creative work needs to be done to increase those options.

- At a certain level those involved in trafficking/using are concerned about such things as the safety of children in a community. They too recognize the importance of a variety of opportunities for expression and fulfilment among young people.

- They are aware of the need for accessible and appropriate treatment programs and that such programs should be linked to other initiatives such as educational upgrading and skills training.

2.11.1 The Baltimore Dealers' Club

A program relevant to this issue was described by Addie Key during her visit to Toronto. (See Section 2.8.1 above.) The program, offered in Baltimore, is the **Dealers' Club**. Members of the club are or were drug dealers. They are teamed up with mentors - people who are successful in legitimate businesses. The role of the mentors is to help the dealers recognize that they have useful entrepreneurial and other skills that drew them into drug dealing. The purpose of the program is to redirect those skills into legitimate business initiatives. Such a program would be well worth exploring for its relevance to Toronto.

3. HOW THE EXPERIENCE WAS SHARED OUTSIDE ST. JAMES TOWN

There were several opportunities to share the St. James Town experience with a wider audience. This happened in an ongoing and more-or-less informal way through giving regular progress reports at the Mayor's Task Force on Drugs meetings and at the monthly meetings of the Community Organization Forum.

Presentations on the project were also given at several conferences. These included the October, 1990 Community Action on Drugs Forum, the Preventing Substance Abuse:Communities Take Action conference in April, 1991, and the Provincial Anti-Drug Secretariat's Communities Against Drugs Evaluation Workshop in May, 1991.

4. CONSOLIDATION OF THE COMMUNITY GROUP AND CONTINUATION OF THE PROJECT

At the outset of the project one of the 'research questions' posed was 'Should the project continue?' Certainly the development of the community-based groups during the year has been done in such a way that there were expectations of continuity on the part of the participants. The overall St. James Town Community Group that has been meeting on a monthly basis since September 1990 is in the process of registering as the St. James Town Community and Resource Association. The three working subcommittees are well established with a considerable commitment from residents, agency staff, Public Health Nurses and Community Health Officers from the Department of Public Health, staff of the Wellesley Hospital, staff members from local schools, local church representatives and volunteers from outside the area.

Three additional initiatives were made to assist in ensuring continuity. These were approaches to funders for funding support, approaches to public sector agencies for human resources support, and the building of a local church network towards coordinating their efforts to work with social problems and issues in the St. James Town area.

Funding approaches were made to Health and Welfare Canada's Community Action Program of the National Drug Strategy and to the City of Toronto's Board of Health Drug Abuse Prevention Program.

The approach to Health and Welfare Canada was unsuccessful but three of the four approaches to the Drug Abuse Prevention Program were successful. A proposal for funding for a salary for a Project Coordinator to work out of the Cabbagetown Youth Centre and to coordinate the committees set up under the project was successful. A proposal seeking funding for the seniors' 'Take Back the Lobbies' project received $1200, and the Tamil Resource Centre's proposal seeking funding for a part-time worker to coordinate a drug prevention program received $1200. The Project Coordinator will play a key role in providing continuity for the project.

Human resources support was sought through several public sector agencies. Tentative agreements have been made to provide some support as follows:-

Agency	Potential Support
Healthy Cities	Ongoing community development work with the Association to identify further community needs that the Association could be involved in meeting.
Dept. of Public Health	Assistance in coordinating the Subcommittee on the Elderly and its projects. Also some coordination with the Tamil community.
Dept. of Parks and Recreation	Assistance in coordinating meetings, through telephone calls, etc.
Metro Community Services	Administrative assistance, e.g. minutes of meetings, notices of meetings, on a short-term basis.
MTHA	General staffing support to meetings.

The building of a **local church network** to work together on St. James Town social problems and issues could provide valuable support to the work being carried out by the St. James Town Community and Resource Association. The project has built ongoing connections with Saint Luke's, Our Lady of Lourdes, and St. Andrews. Bishop Eddie Panganiban of Saint Luke's United Church (an active member of the St. James Town Community and Resource Association) has worked closely with the consultant to the project in developing a much wider church network which includes Cabbagetown Community Church, Regent Park United Church, St. Peter's, St. Simon the Apostle, the Filipino Evangelical Church, All Saints Church, St. Bartholomew's, and the Korean United Church.

This group was brought together by Bishop Eddie Panganiban for the first time on June 5th, 1991, for a discussion on St. James Town social problems and issues .

5. THE PROBLEM OF DRUG PROBLEMS AND THE EFFECT ON COMMUNITY-BASED APPROACHES

One of the major problems with issues such as drug problems is that there is often considerable disagreement over **what** the problems really are. If there is disagreement on the nature of the problems then there is also likely to be disagreement regarding the appropriate solutions. Table 5.1 attempts to list the ways in which people see drug problems and the types of solutions such perceptions lead people towards.

TABLE 5.1 HOW PERCEPTION OF 'DRUG PROBLEMS'

LEADS TO PARTICULAR KINDS OF SOLUTIONS

Problem Perceived As	Solutions this Perception Leads to
A crime problem	Increased law and security approaches
An economic problem	Increased diversity of economic opportunities
A social problem	A wide range of approaches, including increased opportunities to realize one's potential in a positive way - e.g. educational approaches, skills training, self-esteem building, etc. removal of social barriers.
A health problem	Increased opportunities for treatment, for education about healthier lifestyles, etc.
A moral problem	Teaching of stronger moral codes, restricting access, etc.

Although this may seem rather abstract, it has profound implications for community-based approaches to drug problems. If there is a strong split in the community regarding the perception of the problem then it is likely to be difficult to develop an united effort behind a particular set of solutions. With the St. James Town Community Resource Association there has tended to be agreement that it is primarily a social problem that is being dealt with, so that the solutions are wide-ranging and tend to be non-authoritarian. However, there are groups within the community who see it primarily as a crime problem and who see the solutions in terms of more police and stronger security.

Police forces themselves are increasingly recognizing that the approach must be a broader one than simply looking at the drug problem as a crime problem requiring enforcement approaches. This is reflected in the move towards more community-based approaches. The recent Metropolitan Toronto Police report Drugs - 1990 in Perspective (1991:11) concludes:

> '... if we are to diminish this problem it will have to be a united community effort. It is an accepted premise by experts in the drug enforcement field, that enforcement alone will not turn the tide... our only real hope for improvement is for education to prevail amongst our populace.... It is essential... that law enforcement work hand in hand with social and community groups.'

It is not impossible to work with groups and individuals who see the problem in very different ways, but it can be extremely difficult and time consuming. It is largely for this reason that a needs assessment approach at the outset is a useful approach. This provides an opportunity for a community development worker to get a sense of where people are 'coming from' so that they can then develop a group around a particular approach to solutions.

A useful process for community groups to go through early in the process is the holding of some focused discussions aimed at identifying the problems.

6. EVALUATION - WHAT WORKED AND WHAT DIDN'T, LESSONS FOR OTHER COMMUNITY-BASED PROJECTS

No formal evaluation of the project was carried out, this was for obvious reasons. Firstly, it is too early to tell to what extent the project has been successful in terms of its stated goals. Secondly, given the complexity of St. James Town - as with any community - it is difficult to know to what extent the activities of the project had particular effects. For example, if illicit drug-related activities have decreased over the one year period, how can we say that this particular project was a causal factor in that decrease? So many other factors could have been responsible for the decrease - e.g. a decreased availability of illicit drugs on the market, increased attractiveness of other locations for drug-related activities, increased or decreased police and security activity, etc. Thirdly, there are no reliable data available to show to what extent illicit drug-related activities have increased or decreased over the period of the project.

Evaluation of outcomes in such a 'soft area' is difficult if not impossible although attempts are often made. In writing of the problems inherent in evaluating community-based anti-drug projects, Robin Room (1989:19) notes that one of the major difficulties comes about because of:

> '...an inherently unstable mixture of two and usually three mismatched frames of reference and agendas: those of the community members, those of the change agent, and those of the researcher/evaluator... To be any good at the job, change agents have to believe passionately in what they are doing. On the other hand, the evaluator needs to be sceptical.'

In this particular instance, the change agent and the evaluator/researcher are one and the same person - the consultant to the project.

Room goes on to note that the pressure to evaluate community action projects is a relatively recent development, dating from the mid-1960s, implying that it is often an inappropriate and difficult way to satisfy pressure.

One way around the difficulties has been to develop the somewhat dubious division between 'process evaluation' and 'outcome evaluation'. Process evaluation describes the process of setting up and carrying out the project. Outcome evaluation measures the results attributable to the project. As stated above it is difficult, if not impossible to get the kind of data necessary for an outcome evaluation for a community-based project. Thus we have to be satisfied with the rather less satisfactory process evaluation approach.

Nonetheless attempts are made to evaluate such projects. An example close to home is the attempt to carry out useful evaluations of projects funded under the province's Communities Against Drugs Program.[1]

For the St. James Town project the most effective method of evaluation would be to return to the objectives and research questions developed at the beginning of the project and ask how the project has 'performed in light of these 11 objectives and research questions.

We will look at the St. James Town project in the light of each of these 11 objectives and research questions.

The objectives

6.1 To determine activities/methods which will increase the ability of residents of individual neighbourhoods in managing their own social and economic environment so as to decrease the drug problem.

Determination of appropriate activities and methods was begun with the carrying out of the needs assessment study. In effect it was the proposed solutions identified in that study that became the driving force for creating the activities and methods, viz. the development of programs/activities for young people, mothers and the elderly.

6.2 To test activities which a neighbourhood, undermined by the effects of drug sales and use, can rehabilitate itself.

Again it is the activities/programs developed for the three at-risk groups that would have to be tested. They have not been tested in terms of their efficacy for 'rehabilitating the neighbourhood. However there is evidence that the bringing together of people in groups to develop the ideas and projects over the past year has had a rehabilitative effect. This would also certainly be the case for young people involved in the drop-in/outreach program,

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[1] *The Social Data Research Ltd. group has developed a fairly detailed method for community workers to evaluate the provincially funded Communities United Against Drugs Program. This utilizes identification of specific objectives and then the kinds of indicators that would assist in measuring whether or not that objective had been achieved. For example, they suggest that achievement of the objective 'To promote the use of effective prevention programs which are relevant to the needs of the community' could be measured by the following indicators:-*

- *Community needs assessment undertaken*
- *Target groups for programs*
- *Numbers served in target groups*
- *Numbers and types of different activities carried out*
- *Extent to which available "continuum of care" has been extended*
- *Programs/projects/efforts aimed at improving the quality of life*
- *Activities planned and those actually implemented*
- *Follow-up contact with target group members*
- *Follow-up activities to reinforce gains*
- *Existence of outcome/impact evaluation studies*

for the mothers involved in developing the mothers' drop-in project and for the seniors involved in the 'Take Back the Lobbies' project.

6.3 To pass on the findings regarding useful activities in the research neighbourhood to other neighbourhoods to be adapted for their use.

This is possibly the most important objective for the project. This report and the previous three quarterly reports serve as vehicles for passing this information on. It is probably in the method of approach that the project has most to say to other communities - i.e. (i) getting a feel for the community; (ii) carrying out a needs assessment; (iii) using the findings of the needs assessment to build a community group with a focus; (iv) putting into place programs/activities that provide solutions to the problems identified in the needs assessment; (v) ensuring as widely based as possible a community group(s) is/are involved in the project. [2]

6.4 To focus on building effective leadership among the neighbourhood residents fostering neighbourhood pride and responsibility.

Leadership building has been an important focus of the project. This has taken concrete form in terms of responsibility for carrying out specific roles within the St. James Town Community and Resource Association and on the three Working Subcommittees. The Association and the subcommittees have been vehicles for bringing together a wide range of people who work and live in the St. James Town area. It has brought them together to work on projects that do assist in fostering pride about the neighbourhood and the roles some have taken on have given them an increased sense of responsibility. A clear example is that of members of the Mothers Group who are now planning programs for the drop-in project and who now are responsible for the expenditures related to that program.

The research questions

6.5 What problems do the residents identify as contributing to the drug problems in their neighbourhood?

These problems were identified early in the project, through the needs assessment, informal discussions and early meetings of the groups. In the needs assessment the responses to the questions 'In your view, what aspects of St. James Town make it a difficult community in which to live?' and 'How do you feel [local] drug-related problems [are related to these

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[2] *In many cases, community-based drug prevention projects are generated entirely from within the community and this may lead those community activists to the belief that the 'getting a feel for the community' and the needs assessment steps are unnecessary. This is not always true. One can live within a community for many years and still only 'know it' fromthe narrow perspective of getting on with one's day-to-day life. This makes it important to get to know the multifaceted nature of the community. To side-step the needs assessment also means the loss of a valuable vehicle for generating initial interest and focusing the efforts of community members.*

aspects]?' and 'How do these drug related problems affect residents in St. James Town' elicited responses such as:-

- Overcrowding.
- A lot of poverty.
- Language barriers.
- Poor recreation facilities.
- Elderly people feel threatened.
- The inhumane building structure.
- Very few support services for mothers.
- People using drugs and hookers hanging around.
- Unsafe areas, e.g. elevators and stairwells.
- Relationships between break and enters and drugs.
- Stoned kids just sitting around.
- Aggressive kids wanting to destroy property.

6.6 What activities do the residents identify as helpful in solving the drug problem?

The suggested solutions coming out of the needs assessment process fell into six areas: (i) work closely with those most affected to develop programs that are most relevant to their needs; (ii) work to develop solutions to the wider issues and these will bring results in the drug area; (iii) develop better anti-drug education approaches; (iv) create support groups for those most at risk; (v) develop locally based treatment programs; (vi) develop more effective control measures;

6.6.1 Working with those most affected

The suggestions here refer to the need to develop approaches in conjunction with those most affected, in this case young people, the elderly, single mothers. The contention is that by developing programs and activities in close cooperation with the groups most affected then they will be relevant to their needs and the involvement will give them an opportunity be contribute to something they see as worthwhile. As one respondent said:-

- The real problem is that there's often no challenge to contribute anything when you live in an anonymous highrise building. When people are given the chance to contribute it gives them much more of a challenge than just giving them something.

One respondent felt strongly that meaningful recreational activities for young people are so directly connected to giving them a sense of self-worth and pride in their community that to deny them such opportunities is tantamount to encouraging them to become involved in drugs.

6.6.2 Work to develop solutions to the wider issues

Many respondents expressed the view that drug-related problems can best be understood in the wider context, so that it makes more sense to work on the wider issues rather than simply focusing on drugs as the problem. This approach is based on the belief that drug-related problems are symptoms of more fundamental problems such as social, economic and cultural problems.

6.6.3 Develop better anti-drug education approaches

The anti-drug education approach was seen by many respondents to be an important strategy for dealing with drug-related problems. There was a general feeling, however, that current educational approaches are not as effective as they might be. One respondent from a youth agency suggested that 'We need to be able to get in and talk to teachers more on professional development days, for example, so that they know how to recognize the signs, etc.'

One of the important learnings coming out of this project has been that it is important to fully understand the particular audience that is seen as the receiver of the anti-drug message. If the audience is not fully understood then mistakes can be made in terms of the medium used. For example, if the audience is a group of middle class teens then the 'bearer of the message' should be someone that group can identify with, respect, etc. Most likely this would be someone with a similar background and appearance and someone who can espouse a similar set of values in his/her presentation. When a mismatch occurs between the purveyor of the message and the audience then the message is likely to be ignored at best or seen as an encouragement to do what the purveyor is aiming to discourage at worst. Probably the most effective way to ensure there is not a mismatch between the audience and the 'message bearer' is to consult extensively with that audience before a decision is made to bring someone in to deliver the anti-drug message.

6.6.4 Create support groups for those most at risk

Several respondents expressed the view that a focused way of dealing with drug-related problems would be to create support groups for those most at risk. The most at risk groups identified by respondents - as previously stated - are young people, single mothers and the elderly. The following statement was made in relation to single mothers:-

- You need some kinds of support groups for the young single mothers, something that will help them combat the loneliness and that will make them less vulnerable.

6.6.5 Develop locally-based treatment programs

A large number of the needs assessment study respondents feel that there is a need to increase the accessibility to drug treatment programs. For some this meant the provision of locally-based programs. This was described as 'A treatment centre located within the community for drug users who wish to get off drugs.' A caveat was added to this by one respondent that, as much as possible, local treatment programs should be managed by local people and organizations.

6.6.6 Develop more effective control measures

Several respondents made suggestions for more effective policing of St. James Town as a way of discouraging drug-related activities. Stiffer penalties for drug traffickers, the siting of a mini-police station in St. James Town, more Neighbourhood and Vertical Watches, more police foot patrols and improved security were suggested by needs assessment respondents. Focus group participants tended to favour control measures such as stiffer penalties and increased policing more than did the needs assessment respondents.

Many of those interviewed in the study pointed out how the highrise nature of St. James Town made it a particular kind of policing and security problem. Much of the 'public space' of the community is in hall ways, stairwells and elevators - public spaces that are difficult to monitor using the traditional policing approaches. These sentiments are expressed clearly in the statement of one of the interviewees, as follows:-

- A community of highrise buildings raises special problems around monitoring and controlling drug activities. Such buildings give anonymity and shelter.

6.7 Which of these activities can the project address?

As previously stated, the project focused in on addressing the needs of the three at-risk groups identified and worked to develop programs and activities that would help make those three groups (young people, mothers, the elderly) less at risk. The relatively narrow focus was intentional. It was felt that such a focus raised the probability of success of the process. It was relatively simple in this way to move from problems to suggested activities to implementation of suggested activities.

6.8 Which activities worked and which did not?

The activities of the project can be separated into two categories: (i) the research and other activities that were necessary to establish the project (getting a feel for the community, carrying out a needs assessment, using the findings of the needs assessment to build a community group with a focus, putting into place programs/activities that provide solutions to the problems, ensuring that a widely based community group is involved) ; (ii) those activities created by the project.

6.8.1 Project establishment activities

In terms of the first category almost all the activities worked well. Each activity followed on logically from the previous one. The activity that was probably most difficult was to maintain as widely based community groups' involvement as possible. This stems from the fact that several constituencies and individuals are difficult to 'sell' on the idea that drug-related issues are a major problem. (This can be seen from the discussion of data collected in the local business proprietor survey (See section 6.1). It was difficult to maintain the interest and commitment of the business community.) A second barrier that gets in the way of maintaining wide community representation is that it is difficult to maintain an atmosphere at meetings and discussion groups where everybody feels comfortable, if the group membership cuts across social lines. An example is an elderly working class resident who was quite involved at the outset of the project. A few months into the project this individual dropped out. The consultant came across her in building lobby some months later and when he asked why she had not been out to the meetings for some time she responded, "Well a lot of those people coming out to the meetings weren't my kind of people. Too, you know,...up there." Such problems are bound to arise when trying to bring together a disparate group of people to work together on issues. However, given sufficient attention, people can learn to work with people quite outside their 'normal' day-to-day experience.

6.8.2 Activities created by the project

In terms of the second category the activities include the Association meetings, the working subcommittee meetings, the development of the mothers' group, the youth drop-in/outreach project, the development of the mothers' group drop-in, the development of the 'Take Back the Lobbies' Project and the special events - i.e. the performance by Steve Fever and the visit of Addie Key.

Association meetings were held on the first Wednesday of the month from September 1990 through June, 1991. These meetings were generally well attended. Attendance figures are shown in Table 6.8.2 below.

TABLE 6.8.2 - ATTENDANCE AT MONTHLY ASSOCIATION MEETINGS

Month	Numbers Attending
September	21
October	21
November	14
December	17
January	20
February	19
March	23
April	17
May	12
June	15

The three working subcommittees began to hold meetings in November of 1991 and have been meeting on a monthly basis since then. There are six members of the Subcommittee on Youth, ten members of the Subcommittee on the Elderly and nine members of the Subcommittee on Mothers. In addition there is a Mothers' Group that meets about twice each month. There are six members of this group. All the subcommittee meetings are directly related to the development and/or running of concrete projects.

The youth drop-in/outreach project has been running since December, 1990. It is currently searching for new funding but it is expected to continue in a modified form over the summer, and then start up as a five evening a week program again in September. Attendance at this program has been good, averaging 22 young people each evening - a mix of boys and girls.

The Mothers' Group drop-in is being set up and will open officially in September, 1991. In the meantime the Group will be 'spreading the word' and recruiting members. They have a table booked for the St. James Town Summer Festival on July 6th.

The 'Take Back the Lobbies' project will be launched in three lobbies in early June - an MTHA building lobby, a St. James Town Management Corporation Ltd. building and a Belmont building.

There has been considerable work involved in getting the Mothers' drop-in project and the seniors' 'Take Back the Lobbies' project to this stage, but the groundwork has now been laid and the remaining work should be of a 'maintenance' nature.

Thus, in terms of a 'process evaluation' at least, it could be stated that most of the activities have 'worked'.

6.9 The Church Network and Making Connections with Users and Traffickers

Two further initiatives that developed with the project were the attempts to build a local church network to focus on St. James Town social problems and issues, and the attempt to make contact with users/traffickers to utilize their experience and skills in creating effective community-based anti-drug responses. The church network building was successful in that local churches are now looking seriously at ways to work together on St. James Town issues. However, the attempts to involve users/traffickers were only minimally successful. The most obvious reasons for the difference are that, in the case of the church network, the consultant built close ties with a 'key player' with a church base in the area through involving him in the Community and Resource Association and one of its subcommittees from the early days of the project. However, it was difficult to make a connection with a 'key player' in the user/trafficker population. There are obvious reasons for this, one of the most obvious being the added time it is likely to take to build the necessary trust between the community development consultant and a member of the user/trafficker population, as compared with someone involved in a legal activity. The lesson to be learned is that additional time is needed to build trust in an area where the risks are substantial for the individual/group that one is trying to involve in the community-based initiative.

6.10 How could the process of assisting neighbourhoods be improved?

The Toronto Mayor's Task Force on Drugs is currently playing a very credible role in assisting neighbourhoods to deal with drug-related problems from a community-based approach. Its Community Organizations Forum provides an effective networking and information sharing vehicle for communities attempting to come to grips with the issue. It may be an improvement to hold these meetings in the evenings so that more community residents are able to attend.

In addition the number of workshops and conferences with a community emphasis sponsored by the Task Force - e.g. the Media Workshop, the Annual Workshops on Drugs and the Community are of considerable benefit to community groups.

The Toronto Board of Health's community-oriented Drug Abuse Prevention Program funding is an effective method of encouraging community-based groups to develop effective drug prevention initiatives. The DAPP requirement for local neighbourhood networking that is attached to most funding agreements is a valuable way of encouraging different community programs and groups to work together. Given the very limited staff numbers at DAPP, they are doing a wonderful job of encouraging and supporting community-based initiatives in the City.

In effect the City of Toronto is doing a 'good job' in encouraging communities to develop effective drug prevention programs. Possible improvements could be as follows:-

- A community development worker from one of the appropriate City of Toronto departments who could work closely with a community group as it first starts to identify drug-related problems. This person could assist the new group in going through the five step process described above, viz. (i) getting to know the community and its people (This may involve some basic awareness-raising on available data - e.g. Statistics Canada census data, as well as helping people who have lived in a community for some years to 'see' that community in a comprehensive way.) ; (ii) carrying out a needs assessment study; (iii) recruiting a widely based community group (iv) sharing the results of the needs assessment study; (v) getting agreement that the findings of the needs assessment study make sense and basing concrete initiatives on those findings.

- Community members and groups should be assisted in recognizing the effects of having different perspectives of the problems with drugs, through open and candid discussions. Possibly the Community Organization Forum could be a place for this to happen. It is essential to have this open discussion if consensus is to be built at the community level regarding what solutions can be worked on and put in place.

- Encourage community groups to see drugs in their wider socio-economic context, so that realistic and beneficial approaches will be taken.[3]

- Infuse community groups, whenever the opportunity arises, with community development philosophies. Again this might be done via the Community Organization Forum.

6.10 What activities would be recommended for other neighbourhoods to pursue?

The nature of the appropriate activity should grow out of the needs of the particular community. Communities are different and have different needs. The uniqueness of St. James Town (if it is unique) comes from its particular mix of: high population density, its physical configuration of 18 highrise towers, its ethnoracial make up and diversity, its mix of public and private property ownership, its high proportion of renters.

Thus, the present study can not recommend particular activities for other neighbourhoods but it can recommend the five step process outlined above under 6.9 above. The first and second steps of getting to know the community and carrying out a needs assessment bring the community group in touch with what is unique about their community and what needs and activities that uniqueness logically leads to.

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[3] *Holder and Giesbrecht (1989:27) note that one of the major weaknesses of community approaches to alcohol and other drug problems is that they have been individually oriented rather than working to change the wider socio-economic environment that is so important in bringing about solutions to alcohol and drug-related problems.*

6.11 Should the project continue? What should the future directions be? How should the project be administered?

As argued in some detail in Section 4, above, the project should continue. It has a good organizational base in place. Several concrete projects are underway. Funding has been obtained to hire a Project Coordinator who will be able to carry out much of the coordination function over the next year. There is some willingness on the part of several public sector agencies to provide some ongoing human resources support to the project. Finally, the building of a local church network to work cooperatively on social problems and issues in the St. James Town area - a network that will link closely with the St. James Town Community and Resource Association - will give added support.

The future directions will be determined by what are seen to be the changing needs of the St. James Town Community and Resource Association. The Association would do well to assess periodically the changing needs of the community via informal needs assessment approaches.

Since the Project Coordinator will be an employee of the Cabbagetown Youth Centre, that agency will have some of the administrative responsibility. This responsibility should be shared as much as possible by the St. James Town Community and Resource Association. A new and dynamic partnership should develop between these two agencies.

6.11.1 Is it just a matter of time?

One of the thorniest questions to deal with on community development initiatives is: How long does it take? There does seem to be general agreement however that one year is not sufficient time to build a lasting community-based structure. The St. James Town Anti-Drug Pilot Project was conceived as a one year project. However, there was some recognition that something beyond the one-year time horizon would have to be put in place if the work carried out in that first year was to have a lasting effect. That something has been put in place, as described in Section 4 above. Thus there is a high probability that the effects of work carried out in the first year will not be lost. The evidence is that the time horizon required to build ongoing and effective community-based responses to social problems and issues is about three years: the first year to let the community know the person is there; the second year to build trust; the third year to develop concrete projects. However, it is not time alone that counts, the quality of community work itself is the essential component. It is hoped that this report helps community workers in the drug prevention field to deliver top quality community development work.

7. SUGGESTED FUTURE DIRECTIONS

The following suggestions for future directions are made to the Management Committee for the St. James Town Anti-Drug Pilot Project.

1. That the community development approach used in the St. James Town Project and outlined in this and the three previous quarterly reports be recommended to other communities concerned about drugs and related problems.

2. That the City of Toronto Departments of Public Health and Parks and Recreation reorganize their priorities so that existing community development resources are fully utilized in community development work.

3. Recognizing that each community is different in terms of its people and physical configurations, encourage community groups wishing to deal with drug-related problems to adopt the five step process used in the St. James Town Project - i.e. (i) getting to know the community; (ii) conducting a needs assessment; (iii) recruiting a widely-based community group;(iv) sharing needs assessment study results; (v) basing concrete initiatives on the needs assessment study findings.

4. Encourage community groups to spend substantial 'up front' time and effort in identifying the drug-related problems in their particular communities.

5. Encourage community groups to take a 'wider view' of drug-related problems, starting with the immediate concerns with security and safety and working out from there, so that the solutions developed go beyond control approaches to such activities as remedial education, outings for young people, development of job training and employment opportunities, etc.

6. Specifically recognize that highrise communities are 'three dimensional' so that public and semi-public space is very different to that in low-rise (two dimensional) communities. In the former, public and semi-public space includes miles of hallways, and stairwells, and acres of lobby space. In the latter, such space primarily comprises streets and parks. This has important implications for community policing. If it is to be successful in three dimensional communities, there has to be an accepted 'casual' presence of police in hallways, stairwells and lobbies, just 'walking through', as they would in two dimensional communities. (Obviously there are certain legal complications here regarding access, etc. However, these complications should not prevent a genuine search for appropriate approaches to three dimensional communities.)

7. Encourage community groups who wish to invite into their communities guest speakers, performers, etc. to deliver anti-drug messages to consult widely with the intended audience of the message to ensure that the risk of mismatch is reduced. (See 6.6.3)

8. Provide opportunities such as workshops, seminars and community meetings for frank discussions of the 'problem of drug problems' so that intelligent discussion can take place and an overall, well-grounded approach to drug-related issues can be developed and supported.

9. Develop methods for incorporating the input and expertise of drug users and/or traffickers into the process of developing workable solutions. A beginning should be made by investigating existing programs in other cities to see what might be feasible in the Toronto setting. One example that should be investigated is the Baltimore Dealers' Club (See Section 2.11.1 above).

10. Support locally-based, low key, informal, non-institutional, approachable drug treatment initiatives.

11. Encourage social health and recreational agencies in the St. James Town area - particularly Second Mile Club and the Home Support Program of Central Neighbourhood House - to extend their 'seniors check' service so that a high proportion of seniors are included.

8. REFERENCES IN TEXT OF THIS REPORT

Holder, Harold and Giesbrecht, Norman (1990) 'Perspectives on the Community in Action Research' in Norman Giesbrecht et al (eds.) Research, Action, and The Community: Experiences in the Prevention of Alcohol and Other Drug Problems Rockville, Maryland: U.S. Department of Health and Human Services pp27-40

Metropolitan Toronto Police (1991) Drugs - 1990 in Perspective Toronto: Central Drug Information Unit, Detective Services

Room, Robin (1990) 'Community Action and Alcohol Problems: The Demonstration Project as an Unstable Mixture' in Norman Giesbrecht et al (eds.) ibid. pp1-25